

10/549819

## APPLICATION DATA SHEET

## APPLICATION INFORMATION

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form?::	
Number of Copies of CRF::	
Title::	STEROID SPIROLACTONIZATION
Attorney Docket Number::	PHA 4152.23 (3483/1Z/US)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent?::	No

**APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thaddeus  
Middle Name:: S.  
Family Name:: Franczyk  
Name Suffix:: II  
City of Residence:: Portage  
State or Province of Residence:: MI  
Country of Residence:: US  
Street of Mailing Address:: 7000 Portage Rd., MS 0200-091-  
201  
City of Mailing Address:: Portage  
State or Province of Mailing  
Address:: MI  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 49001

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Grace  
Middle Name:: M.  
Family Name:: Wagner  
Name Suffix::  
City of Residence:: Webster Groves  
State or Province of Residence:: MO  
Country of Residence:: US  
Street of Mailing Address:: 219 Papin Avenue  
City of Mailing Address:: Webster Groves  
State or Province of Mailing  
Address:: MO  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 63119

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Bruce  
Middle Name:: A.  
Family Name:: Pearlman  
Name Suffix::  
City of Residence:: Kalamazoo  
State or Province of Residence:: MI  
Country of Residence:: US  
Street of Mailing Address:: 3411 Willow Lake Drive, #308  
City of Mailing Address:: Kalamazoo  
State or Province of Mailing  
Address:: MI  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 49008

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Amphlett  
Middle Name:: G.  
Family Name:: Padilla  
Name Suffix::  
City of Residence:: Portage  
State or Province of Residence:: MI  
Country of Residence:: US  
Street of Mailing Address:: 10137 South Westnedge  
City of Mailing Address:: Portage  
State or Province of Mailing  
Address:: MI  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 49002

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jeffrey  
Middle Name:: L.  
Family Name:: Havens  
Name Suffix::  
City of Residence:: Mattawan  
State or Province of Residence:: MI  
Country of Residence:: US  
Street of Mailing Address:: 22570 6th Avenue  
City of Mailing Address:: Mattawan  
State or Province of Mailing  
Address:: MI  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 49071

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Sonja  
Middle Name:: S.  
Family Name:: Mackey  
Name Suffix::  
City of Residence:: Saint Paul  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 1335 Simpson Street  
City of Mailing Address:: Saint Paul  
State or Province of Mailing  
Address:: MN  
Country of Mailing Address:: US  
Postal Code of Mailing Address:: 55108

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Haifeng  
 Middle Name::  
 Family Name:: Wu  
 Name Suffix::  
 City of Residence:: Portage  
 State or Province of Residence:: MI  
 Country of Residence:: US  
 Street of Mailing Address:: 3681 Fawn Cove #3  
 City of Mailing Address:: Portage  
 State or Province of Mailing Address:: MI  
 Country of Mailing Address:: US  
 Postal Code of Mailing Address:: 49024

**CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 000321

**REPRESENTATIVE INFORMATION**

Representative Customer Number:: 000045734

DOMESTIC PRIORITY INFORMATION			
APPLICATION::	CONTINUITY TYPE::	PARENT APPLICATION::	PARENT FILING DATE::
This application	National Stage of	PCT/US04/008629	03/22/04
PCT/US04/008629	An application claiming the benefit under 35 USC 119(e)	60/456,716	03/21/03

FOREIGN PRIORITY INFORMATION			
COUNTRY::	APPLICATION NUMBER::	FILING DATE::	PRIORITY CLAIMED::

#### ASSIGNMENT INFORMATION

Assignee Name::	Pharmacia Corporation
Street of Mailing Address::	575 Maryville Centre Drive
City of Mailing Address::	St. Louis
State or Province of	
Mailing Address::	MO
Country of Mailing Address::	US
Postal or Zip Code of	
Mailing Address::	63141